Zoll E Series Quick Start Guide 5/08

The Main Differences

● The E Series is Bi-Phasic and is programmed to defib at maximum (200 j).
● End tidal CO2 can be constantly monitored and displayed on the screen.
● The paper compartment door requires special attention when closing.
● The screen color can be changed using a button on the front.
● Patient information is entered using buttons on the top.
● A 6 or 12 lead strip can be printed immediately using “Quick 6” or “Quick 12”.
● Blue Tooth connectivity is installed for future use.

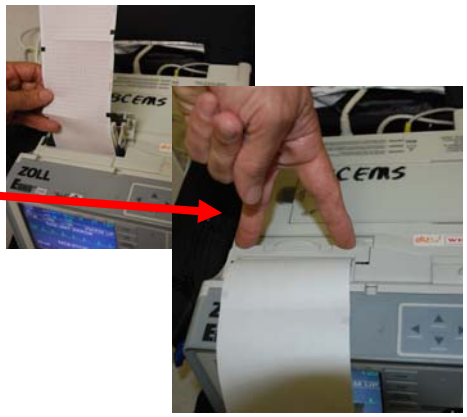
Defibrillation

This is a Bi-Phasic unit, adhere to Bi-Phasic protocols for energy level settings. It uses the same pads we use for the M series units. Look at the cardioversion and defibrillation protocols now.

End Tidal CO2

The ETCO2 cable attached to the monitor costs $3,500 and is warranted for all problems except cutting. If you cut it; you buy it! See the details further on regarding ETCO2 monitoring and why it’s helpful.

Loading Paper



Load paper (the same we’ve been using) with the printed grid facing you and the running end of the paper sticking up. When closing the paper door, press both the left and right corner of the door until it clicks on both sides. If the paper runs crooked or jams, the door is not properly secured; open it and do it right.

Screen

The loaner unit has Non-Invasive Blood Pressure monitoring built in, our new ones will not. All monitoring is displayed on the screen. In color mode, ECG stuff is in green, ETCO2 is in yellow, SPO2 is in blue and NIBP is white. You can change the screen from color to black on white by pressing and holding the contrast key for several seconds. Doing that again changes it to white on black and again changes it back to color. Press and release the contrast key to change the contrast on the currently selected view.

Monitoring

Press the “Wave 2” button to display a second graph on the screen. You can select what you want displayed by scrolling through the items using the Wave 2 button. During ECG monitoring, with 4 leads attached you can press and hold the recorder button for 3 seconds to run a “Quick 6” ECG (6 leads printed). With 12 leads connected the press and hold runs a 12 lead strip without interpretation.

12 Lead

A 12 Lead is acquired much faster than the old units; about 3 seconds. The monitor is programmed to print 2 copies so you can leave one as needed. Patient information is put in using the key pad on the top of the monitor. Use the arrow keys to move to the character you want to put in and press the circle key to put the character in the ID. The last 40 12 leads are stored in the monitor. Use “PT Records” to access and print.

End Tidal CO2 (ETCO2)

Measuring a patient’s carbon dioxide level in their expiration air tells a lot about what is going on with them. Our basic use for this information is to determine the ventilation effectiveness. Normal range is 35-45 mmHg (millimeters of mercury). Hyperventilation will cause the values to be below normal, hypoventilation will cause the values to be high. When we are providing ventilation support via bag mask, watch the ETCO2 values and change the ventilation rate to get the values as close to normal as possible. The ETCO2 on the monitor can be used in place of ETCO2 detector on intubated patients. This brief intro will get you started, but there is a lot of information regarding ETCO2 not included here. You need to take the class when it’s available!

ETCO2 Connections

A special adapter is used to connect the sensor to an ET tube, CPAP exhaust port or other airway appliances (King, Combitube, etc). The adapter goes into the sensor one way and one way only. The adapter is a single use item. Pediatric adapters are available too and will be stocked in PEDS bags.

A oxygen delivery mask is provided with an adapter built on to the mask. The sensor snaps on to the adapter on the mask. Note the delivery range and associated oxygen flow rates printed on the mask bag. Pediatric mask/adapters are available and will be stocked.